

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 61
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 50.00 Transaction ID : 6eec0370-847c-4957-b Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
City Charlotte	State NC	Zip Code 23215			
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate</div> <div>District: 00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> President</div> <div>State: NC</div> </div>		
Calendar Year-To-Date Per Election for Office Sought 307326.60					
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 11.40 Transaction ID : f2ed114f-e8e3-41bc-8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 15 / 2014		
City Charlotte	State NC	Zip Code 23215			
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Ms. Kay Hagan <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate</div> <div>District: 00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><input type="checkbox"/> President</div> <div>State: NC</div> </div>		
Calendar Year-To-Date Per Election for Office Sought 307326.60					
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	61.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 16 / 2014

Signature